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471-000-224 Instructions for Completing Form DPI-OBRA2. "Evaluation and Service Recommendation"

<u>Use</u>: Form DPI-OBRA2 is used to complete the first Level II evaluation for each individual who requires a Level II evaluation. Information on this form will enable the reviewer to -

- 1. Validate the diagnosis of serious mental illness and/or mental retardation;
- 2. Validate the diagnosis of a related condition; and
- 3. Recommend the most appropriate placement for the individual, based on the individual's medical, physical, functional, and psychosocial needs.

Number Prepared: One copy of Form DPI-OBRA2 is completed.

<u>Completion</u>: Form DPI-OBRA2 is completed by the mental health reviewer or QMRP as indicated on the form.

<u>Signature</u>: The mental health reviewer or QMRP signs and dates the form. Form DPI-OBRA2 must be counter-signed by the validating professional for cases of serious mental illness.

<u>Distribution</u>: The CMHR or CBDDSP sends Form DPI-OBRA2 to the HHS/Contractor within the specified time period.

Retention: Form DPI-OBRA2 is retained for four years.

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PSYCHIATRIC EVALUATION	1	i	riksi MENI Ini Godi Ci	AL HEALTH,	INC.		
	•		501 Great Ci	rcie Koad V 37228-1310			
				256-0786 PI		AAL 598_644	:-
Section I: IDENTIFYING DA	TA		70.0.	1 730-0100 FI	n #. (0	001 330-046	
1. Name: tast	First	Mi	2 As	sessment Dale	1	3. Date of Birt	
					- 1	* .	
4. Social Security #		5. Gender			6. Age)	
		Male	Eema	de .	ŀ		
7. Assessment Location/Current Liv	ring Arrangement						
Home/Alone	Ļ	Home/Caregiver	[Medical Hospita	4		
Psychiatric inpatient Setting		NF ·		Other (Specify):	.		
6. Facility or residence name and a	ddress 9.	Permission for Fami	ly Interview from	n Patient or Guar	dan?	10. Original N	F Admit Date
		(Circle One)	YES /				
	<u>.</u>	Are Family Available	? YES / I	NO_	- 1		
11. Type of Assessment PAS	12. Source(s) of link					13. Legal gua	rdian or POA
	Patent Inter		Family Interview		- 1		
	Record/Occ	ument Raview	Other (Specify)	:		Yes	☐ No
Status Change					1		
14. Name, address & phone # of le	gal guardlan or Power o	f Attorney	15. F	nmary physician	name d	Laddress	
(specify relationship)							
<u></u> -							
<u> </u>			[_				
Section II: PSYCHOSOCIAI	ACCECCHENT						
1. Primary Living Situation - Past Y	AST	2. Marita	See.	12.0		r Admission	
Independent	Residential Care		ver Married	3, 20	Medica		
With Spouse/Family	Facility (RCF)	,	rried/Cohabitati	<u>, </u>	•	•	
Board and room		! ==	dowad	'* ⊢	Cognit		
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I ≒¨			parated	_	Emotic		
Other (Specify):	·	I 😕 -	rorced		Other	(Specify):	
Length of Residence:		Un	known				
4. Race/Ethnicity		. —	-				
Caucasian Black	Asian Hispa	nic Native Ar	nerican	Other (Specify)	:		
5. Education Elements	🗇						
	vy Middle/Ji	riign	High School	Colle	ge		
Social History A. Significant life events (within)	seet 12.24 months) whi	t imaget on or mant					
	mar re-e- monthing with	or support on CONER	priysical o men	CH 20072			
						 _	
Q Charact social do	inter in the second of the sec	· · · · · · · · · · · · · · · · · · ·					
B. Current social/ramily support.	system (Relationships/	value of support)					
	"						
·							
Number of Children:	- Numb	er of Surviving Child	en:			· · · - ·	
		_		-			
C. Current professional support	system (Utilization of a	jencies)					
		·				,	
				• • • • • • • • • • • • • • • • • • • •			_
O Employment Sixty - 7		Ha. 1	 -				
D. Employment history (Types o	r positions/Nistorical abi	lity to sustain employ	rment)				
							·
							
			· ·				

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NE PASARR/MI (Page 2) Name		
Section III: FUNCTIONAL ASSESSMENT/PLACEMENT P	OTENTIAL	
1. Vision	2. Hearing	
Adequate without aids	Adequate without aids	
Adequate with aids	Adequate with alds	
Little or no residual capacity	Little or no residual capacity	
Other	Other	
3. Communication abilities	4. Comprehends others	
No Deficits Speech with Deficits	Yes No	
Gestures No residual capacity		
Adaptive equipment	6. Esting	
5. Transfer	1	
Independent without assistance	Independent Supervision/promp Adaptive equipment Refuses or appetit	
Independent with assistive devices	Tube or parenteral On feeding program	
Assistance of 1 or 2	independent after tray set up Other	п
immobile		
Other	8. Bladder continence	
	Continent Usually incontinent	,
7. Bowel continence	Occasionally incontinent Frequently incontin	
Continent Usually incontinent	Inappropriately Incontinent Incontinent	काम्
Occasionally incontinent Frequently incontinent	On toileting schedule Catheter	
inappropriately incontinent incontinent	Comment	
On toileting schedule		
Identify level of assistance with the following		
O = Independent 1 = Prompts/supervision 2 = On trainir	ng program 3 * Assistance of 1 or 2 4 * Total assistance	:
A. Bathing	H. Treat own minor physical problems	-
B. Grooming	Use transportation	
C. Toileting	J. Prepare meals	
O _a Dressing	K. Maintain an adequate diet	
E. Medication administration	L Respond to emergencies/ask for assistance	
F. Use telephone	M. Manage financial affairs	
G. Schedule own medical or mental health treatment	N. Mobility (ID Method/ability to use)	
10. Oral/nutritional	11. Therapies	
No problems Special det		1
Weight loss/gain Fluid monitoring	None Speech/language Audiolog Occupational Other	C.
Other	Frequency — Occupational — Other	
12. Special Treatments Decuber	13. Medical Conditions	
None Aseptic dressing	FTJ. MODICAL CONDITIONS	
	A1	
	None Hypotension	
Heparin lock Respiratory trestment/	None Hypotension Cornatose Seizures (controlled)	
Heparin lock Respiratory treatment/ IV fluids oxygen therapy	None Hypotension Cornatose Seizures (controlled) Dizziness/vertigo Seizures (uncontrolled)	.
Heparin lock Respiratory treatment/ IV fluids oxygen therapy IV meds Diabetic monitoring	None Hypotension Comatose Seizures (controlled) Dizziness/vertigo Seizures (uncontrolled Edema (specify frequency	
Heparin lock Respiratory treatment/ IV fluids oxygen therapy IV meds Diabetic monitoring Transfusions Wound care	None Hypotension Comatose Seizures (controlled) Dizziness/vertigo Seizures (uncontrolled Edema (specify frequency Fever Sidn disorder	<u> </u>
Heparin lock Respiratory trestment/ IV fluids oxygen therapy IV meds Diabetic monitoring Transfusions Wound care Dialysis theo/colostorry	None Hypotension Comatose Setzures (controlled) Dizziness/vertigo Seizures (uncontrolled (specify frequency Sidn disorder Fractures Hypothyroidism	<u></u>
Heparin lock Respiratory treatment/ IV fluids oxygen therapy IV meds Diabetic monitoring Transfusions Wound care Dialysis tteo/colostomy Suctioning Catheter care	None Hypotension Cornatose Setzures (controlled) Dizziness/vertigo Seizures (uncontrolled) Ederne (specify frequency Sidn disorder Fractures Hypothyroidism Frequent falls Other	"
Heparin lock Respiratory treatment/ IV fluids oxygen therapy IV meds Diabetic monitoring Transfusions Wound care Dialysis tteo/colostomy Suctioning Catheter care Tracheostomy care Lung aspirations	None Hypotension Cornatose Seizures (controlled) Dizziness/vertigo Seizures (uncontrolled) Edema (specify frequency Sidn disorder Frever Sidn disorder Hypothyroidism Prequent falls Other Hypertension (controlled))
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Heparin lock Respiratory treatment/ IV fluids oxygen therapy IV meds Diabetic monitoring Transfusions Wound care Dialysis Iteo/colostorry Suctioning Catheter care Tracheostorry care Lung aspirations Gastrostorry care Other NG tube 14. Body control problems None Contracturee Batance loss Paralysis	None Hypotension Cornatose Seizures (controlled) Dizziness/vertigo Seizures (uncontrolled) Edema (specify frequency Stdn disorder Frever Stdn disorder Fractures Hypothyroidism Frequent falls Other Hypertension (controlled) Hypertension (uncontrolled) 15. Restraint use None Limb restraint Bed raits Gert chair	
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History of Significant Medi	cal Problems/T	eatment (altac	h additional page as needed):		
Olegnosis/Condition	0	nset Date	Medication(s)/Treatment	1	Status
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Current Medical Problems	(Trealment (ait)	ch additional	DECE AS PRODUCTO		· · · · · · · · · · · · · · · · · · ·
Diagnosis/Condition		neet Date	Medication(s)/Trestment	ı	Status
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tion IV: PSYCHOAC	TIVE MEDIC	ATIONS			
		itions (attach i	additional page as needed):		
MTN()	Cosage		Diagnosis	Oate(s)	Results
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t Past Psychotropic/Neuro	leptic Medicatio	ns (attach add	itional page as needed):		 L
	Dosage		Diagnosis	Date(s)	Results
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entify any additional psychi	autic diagnoses	(Include dates			
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intify any additional psychi	auto diagnoses	(include dates			

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NE PASARR/MI (Page		Name:		
Section V: PSYCHIAT	RIC HISTORY			
1. History of Psychiatric/Sub	stance Abuse Hospitalizations			·
Facility	Date(s)	Diagnosis	Reason for Adm	ission
				· · · · · · · · · · · · · · · · · · ·
		<u></u>)
				<u> </u>
2. History of Psychiatric/Sub	stance Abuse Treatment		<u> </u>	
Facility	Date(s)	Diagnosis	Purpose of Trea	tment
				
	 			
			· · · · · · · · · · · · · · · · · · ·	
				
In Those & Comit Address	1			
3. Is There A Family History	of Mental Illness or Substance Yes, Specify Family Member:	Abuse? And Discounting		
[· Abend Leum well Det	= ere utegnosts);		
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Section VI: PSYCHIA	TRIC EVALUATION/OB	SERVATIONS (check all	that applyly ELABORAT	E BELOW
i. Citas Circuining	[2 Attendori	3. Behaviors	4. Suicidal Ideation	Homicidal Ideation
Neat	Adequale	Appropriate	Not Present	Not Present
Disheveled	Short '	Compulsive	Present	Present
Inappropriate	Distractible	Inappropriate	* Explain below	_
5. Motor	fl. Mood	7. Affect	8. Attitude	
Unremarkable	Level	Appropriate	Cooperative	
Posturing	Depressed ·	Flat	Oppositional	
Tics/Tremors	Euphoric	Blunted	Agitated	
Restless	Labile	Incongruent	Guarded	
9. Associations	10. Thought Content	11. Speech Form	12. Speech Content	13. Thought Process
inlact .	Appropriate	Appropriate	Appropriate	Goal directed
	Somatic	Pressured	Disorganized	Easily distracted
Flight of Ideas	Preoccupied	Slurred	Fragmented	Repetitive speech
Circumstantial	Obsessive	Stutters	☐ Vague	Incoherent speech
Fragmented	Ruminations	Blocking	Superficial	Other
Confabulation			-	
14 Hallucinations		15. Detusions	<u> </u>	
None Auditory	☐ Visual ☐ Other	None Perse	cutory Paranoid	Grandeur
Frequency		Frequency	_	
Have symptoms increased		Have symptoms increased		
16. Describe presentation an	id mental status observations	to include distinction regarding	scuity vs chronicity of symptoms	and whether symptoms
are attributable to psychi	stric condition or other causes	e (e.g. medications);		•
				·
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FMH, Inc. (11/94)				DPI - 08RA 2 MI

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Behavioral Assessment: Frequency: H = hour	y W=week	N 1	Severity	: Jak	سائنجار بو	1	S - severe									-		_
D = daily	-	•	<u>.</u> ,		- ino		2 - severe	Statu	-				esolved	Ī		det		
Behavior			一					<u> </u>			yı.o.	*C		_	N ·	<u>100 (</u>		7
Sadnesa	Frequency H D W M	Boverty		34		Bet	vivior			4			South					7
Teerfulness	HDWM		S		DH	_	Self-injurious				/ M		ΜO	3	1	C	Di	η
Hopelessness	HOWM		3		ON	· —	Physically aggre				M		MO	3	1		DN	
Worthlessness	HOWM		S		O N	_	Verbally appres		i	-	V M		MO	3			DN	•
Insomnia	HOWM		3		DN		Security aggres	LEIVE			V M	, .	MO	3	I '		D y	. 1
Hypersomnia	HDWM		3		DN		Uncooperative				٧ M		MQ	\$		-	D 1	٠.
Grief	HOWM		s		DN		Angry Abrasive				V M		MO	3			9	- 1
Anxiety		MI MO	3	_	DN	_	PICA behavior			D V		Mt	MO	3			D 1	١.
Reclusiveness	HOWM		s		O N	—	Destructive		H	D V		M	MO	3	l!		D 1	٠.
Resistant	HOWM	MI MO	5	-	DN		Disruptive				V M	•	MO	3	l!		9	- 1
. Hoarding	H D W M		3	_	אם	_	Wandering		Н	D V		M	MO	3	!!		9	
Steading	HDWM		Š		DN	_	Confused		Н	D V				5	!		0 1	- 1
Suicidal thoughts	HDWM		s	_	DN	_	Suspicious		н		V M	MI	MO	\$	١:		0 1	Ė
Homicidal thoughts	HDWM		- 1	-	DN	_	Medication refu	e mi	н		V M V M		MO	\$ \$	ľ		D)	- 1
None of the above			[آ	-	- ''		None of the abo		"	٧ پ	. M	***	,wiC	3	i'	•	٠,	۱,
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Socialization Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes	-	Initiate	eraction as intera assists elf or ot	actions ance t	o other		Resists Hebitual Attends	ly disnu	ptive	•			500	ially issued	appi	opri		
Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes	CUITERATY CHANGE	Initiate Offers perous to se	es inters assists elf or at	ections ence to hers?	o other		Habitual Attends	ly disnu	ptive	•		-	500	ially	appi	opri		
Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered:	CUITEDITY CAN	Initiate Offers perous to se	c inters assists eff or ot C TES al Score	hers?	G other	Y	Habitual Attends	ly diaru facility	ptive	rtles		-	500	with p	rom	opri		
Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered:	CUITEDITY CAN	initiate Offers gerous to se	c inters assists eff or ot C TES al Score	hers?	G other	Y	Hebitual Attends St. No	ly diaru facility	ptive	rtles			5 oc	with p	rom	opri		
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Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered: Vi Pertinent Findings:	CUITEDITY CAN	initiate Offers gerous to se	c inters assists eff or ot C TES al Score	hers?	G other	Y	Hebitual Attends St. No	ly diaru facility	ptive	rtles			5 oc	with p	rom	opri		
Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered: V	CUITEDITY CAN	initiate Offers gerous to se	c inters assists eff or ot C TES al Score	hers?	G other	Y	Hebitual Attends St. No	ly diaru facility	ptive	rtles			5 oc	with p	rom	opri		
Active participant Passive participant Interacts only with pro Safety. Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered:	CULTENTLY CLANGE LY OF PSY: 28 (3MIS) /alid Ir	initiate Offers gerous to se	c inters assists eff or ot C TES al Score	hers?	G other	Y	Hebitual Attends St. No	ly diaru facility	ptive	rtles			5 oc	with p	rom	opri		
Active participant Passive participant Interacts only with pro Safety. Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered:	CULTENTLY CLANGE LY OF PSY: 28 (3MIS) /alid Ir	initiate Offers gerous to se	c inters assists eff or ot C TES al Score	hers?	G other	Y	Hebitual Attends St. No	ly diaru facility	ptive	rtles			5 oc	with p	rom	opri		
Active participant Passive participant Interacts only with pro Safety. Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered:	CULTENTLY CLANS LY OF PSY: 28 (3MS) /alid Ir	initiate Offers gerous to se	C TES al Score	sections ence to there? STINI e	G chies	On on on one	Hebitual Attends St. No refused test other	ly diaru facility	ptive	rtles			5 oc	with p	rom	opri		
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Active participant Passive participant Interacts only with pro Safety: Is the individual Explain if yes ction VII: SUMMAR Modified Mini Mental State Test Considered: Pertinent Findings: ction VIII: SERVICE Currently Receiving: Inpatlent psychiatric tr Psychiatric consultations	CUITMINITY CANAGE LY OF PSY A (3MS) Alid In DELIVER	initiate Offers perous to se CHLATRI Tot veild: Inc. Ps	C TES al Score Artificial Cortes Artificial Cortes Artificial A	sections ance to there? STINI a rade a sally unplote to or groupic pri	G ducati	on a ms	Hebitual Attends ss No refused test other	t items	ptive	dies			Sec	with p	appirorn rorn	opri		
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FMH, Inc. (11/94)

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

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DPI - OBRA 2 MI

PASARR/MI (Pa	
tion IX: INTERVI	EW SUMMARY/OBSERVATIONS
Summai	ize recent behaviors and the Intensity, nature and duration of presenting psychiatric problems
· · · · · · · · · · · · · · · · · · ·	
<u></u>	
•••	v .
	
	
·	
11- V. (EVEL 2	OF DIGABILITY DUBLING AND ADDRESS OF THE PARTY OF THE PAR
SI DSM-III.R or IV Av	OF DISABILITY/DURATION OF ILLNESS SUMMARY is 1 & Axis II Diagnoses of record:
	in a contract to the state of t
	· · · · · · · · · · · · · · · · · · ·
las the individual:	
psychiatric hospitalt	•
_ No _ Y	es (If yes, specify and include dates):
which required supplement official	es (if yes, specify and include dates):
las the individual exhit HSORDER) in any of	pited limitations in age-appropriate roles (NOT RELATED TO PHYSICAL STATUS BUT BECAUSE OF PSYCHIATRIC the following areas on a continuing or intermittent basis within the past six months:
NTERPERSONAL history of altercation	FUNCTIONING Serious difficulty interacting appropriately and communicating effectively with others. May have a use, evictions, firings, fear of strangers, or social isolation.
_ No _ Yo	es (If yes, describe nature and frequency of behavior):
CONCENTRATION complete tasks with completion of tasks	N_PERSISTENCE_PACE: Serious difficulty sustaining focused attention sufficient to complete tasks or unable to in an established time period. Difficulties with concentration, makes frequent errors or requires assistance in
No Yo	es (if yes, please describe):
ADAPTATION TO symptoms or withdr	CHANGE: Serious difficulty in adapting to typical changes in circumstances. Manifests exacerbated psychiatric awal from the situation, or requires mental health or judicial intervention?
No Yo	es (If yes, please describe):
·	

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OPI - OBRA 2 MI

NE PASAR		
Section XI:		7
1. Diagnoses	of Record	
Axis I:	Primary	
	Secondary	
	Securitary	V
Axis II:	Primary	
	Secondary	
Axis III:	(Medical)	
2. Halled crite	nia:	
Meets F	ASARR popu	ulation - has a psychiatric condition which could lead to a chronic disability but is not a sole organic disorder or a
primary	diagnosis of d	Jementia
Halted (wakuation - do	are and have a change discounts of a constant
this bloc	k is checked,	es not have a chronic diagnosts; diagnosis is organic only, or has a primary diagnosis of dementia. If complete numbers 3 - 5 (fully explaining the reason for halting the assessment) and sign and date the assessment.
i. Summary o	social and m	edical history (include discussion of current medical and psychiatric status):
		
		
. Strengths (i	ntemalienviron	nmental capabilities):
-		:
. Weakness (Internal/enviro	onmental fimitations):
		•
	<u> </u>	
A Placeme	nt Recommen	of the same of the
		a minimum criteria for NF placement and nursing facility is the appropriate placement alternative (specify criteria
codes	met per Nebr	
		
☐ The i	individual's ne	eds can only be met at Quality Living NF (specify criteria codes per LOC Worksheet)
		(specify critical and distance of the control of th
The I	ndividual la no	x appropriate for NF care
.B. Rationale	for placement	it recommendations:
	···	
		
4H, Inc. (11/5	141	

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NE PASARR/MI (Page 8) Name:	
7. Service Recommendation: A. None, additional services not required	
<u> </u>	
C. Recommend evaluation for the following services	
Ongoing medication review by a psychiatrist	Visual evaluation
Ongoing medication review by a physician	Dental evaluation
Neurological examination to substantiate organicity	Audiological evaluation
Speech/language therapy (circle one)	increase in stimulation/environmental enhancements
Physical or Occupational (Circle One) Therapy	Psychological/psychiatric evaluation
Day program	Behavior management program
Vocational evaluation	Alternative communication device
Other	
Rationale	•
•	
-	
<u> </u>	·
Evaluator Signature & Degree	Date
	For Preadmission assessments
	attach and submit copies of: 1) H & P Exam 4) Guardianship Cert.
Evaluator Printed Name	2) DM-5-LTC or MDS 5) Social History
	3) Release of Information
Section XII: FMH USE ONLY — PROVISIONAL DIAGNOS	TIC IMPRESSIONS
Axis I; Primary	
Axis I: Secondary	
Axis II:	
Axis III;	
FMH Validating Professional	Date
MH, Inc. (11/94)	DPI - QBRA 2 MI

THE MODIFIED MINI MENTAL STATE (3MS)

e		Rater	Date		
				day/month/year	
3MS				X	•
5	DATE AND PLACE OF BIRTH Place: TownState		10	FOUR-LEGGED ANIMALS DO SEC	:Onds) 1 pt ea
	Dets: YearMoDay_		10	·	
_	REGISTRATION (No. of present	rations)	6	SIMILARITIES	
3	·			Arm-Leg	_
	Shirt, Brown, Honesty			Body part; limb; etc.	2
	(art Shoes, Black, Modesty)			Less correct answer	0 1
	(er: Socia, Rive, Charity)			Emighing-Crying	2
	MENTAL REVERSAL			Feeling; Emotion Other correct answer	0 1
7	MENTAL REVERSAL			Easing Seeping	٠.
•	S to I		•	Emerajal for life	2
	Accurate	2		Other correct sagwer	0 1
	1 or 2 errors/misees	0 1		34 3	- •
	DLROW			REPETITION	
		12345	<u> </u>		
	•			"I would like to go home/out"	2
	FIRST RECALL			L or 2 missed/wrong words	0 1
9				"No (fs Ands or Buss"	3
	Spontoneous recall	1			
	After "something to wear"	2		READ AND OBEY "CLOSE YOUR	
	"Shous, Shirt, Socks"	0 t	3	Obeys without prompting	3
	Sportaneous recall	3		Obeys after prompting	
	After "a color"			Reads aloud only	G 1
•	"Blue, Black, Browa"	0 1		(spectaneously or by request)	
	Spontaneous recall			DOMESTIC A LONGS	
	After "a good personal quality" "Honesty, Charity, Modesty"	0 i	3	WRITING (L MINUTE) Spontageous Sentence of [if unable]: ()	l) Would like to go
	TEMPORAL ORIENTATION				MARTE
15	•		10	COPYING TWO PENTAGONS (I	MENDIE
	Year		10		Each Pening
	Accurate	:		S approximately equal sides	4 4
	Missed by I year Missed by 2-5 years	0 2		5 unequal (>2:1) sides	3 3
	Season	• •		Other enclosed figure	2 2
	Accurate or within 1 month	6 t		2 or more lines	01 01
	Manch	• •		2 01 1200 11200	Intersection
	Accumte or within 5 days	. 1		4 corners	. 2
	Missed by 1 month	0 1		Not - 4 corner eaclosure	o t
	Day of Morch			-	
	Accurate	3	,.	THREE-STAGE COMMAND	
	Missed by 1 or 2 days	2	3		
	Missed by 3-5 days	0 1		Taka this paper with your left/ri	ght hand
	Day of week			Fold it in half, and	
	Accurate	0 L		Hand it back to me	
	SPATIAL ORIENTATION			SECOND RECALL	·
3	-		9	Managhia e acad	. 0121
	State	0 1		(Something to wear)	012
	County	0 1		(Color)	0 1 2 3
	City (Town) Hospital/office building/home	0 1		(Good personal quality)	-
5	NAMING				
3	Forebeed Chin Shoulder Elbow Knuckle	_			•

CLOSE YOUR EYES

